

**INDIANA STATE DEPARTMENT OF HEALTH**  
**EXEMPT ORGANIZATION FOOD OPERATION**  
**REQUEST FOR WAIVER OF EXEMPTION**

Organization

\_\_\_\_\_  
Name

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Address

Location of Food Operation

\_\_\_\_\_

Date(s) of Food Operation

\_\_\_\_\_ to \_\_\_\_\_

Foods to be Served

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Our organization waives the exemption provided by IC 16-42-5-4 for the time period listed above.

Organization Official

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date